

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
102						
103						
104						
105						
106						
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111						
112						
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114						
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117						
118		3				
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127		3				
128		3				
129		3				
130		3				
131		3				
132		3				
133		3				
134		3				
135		3				
136	1					
137						
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143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	4					
TOTAL DEP.	168					
TOTAL CLAIMS	172					

	IND	DEP	IND	DEP	IND	DEP
51						
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60						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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3						
4						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						